

## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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36218 7590 12/13/2007  
**KLARQUIST SPARKMAN, LLP**  
**121 S.W. SALMON STREET**  
**SUITE #1600**  
**PORTLAND, OR 97204-2988**

FILED VIA EFS MARCH 11, 2008

Susan W. Graf, Ph.D.	(Depositor's name)
<i>Susan W. Graf</i>	(Signature)
March 11, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/05/183	08/18/2004	Masahiko Negishi	4239-64458-02	2375

TITLE OF INVENTION: MUTATED CONSTITUTIVELY ACTIVE NUCLEAR ORPHAN RECEPTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/13/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAHER, SHULAMITH H	1647	530-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Klarquist Sparkman, LLP  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNMENT NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

The Government of the United States of America as represented by  
 the Secretary of the Department of Health and Human Services

Rockville, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

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- ☒ Issue Fee  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Susan W. Graf

Date March 11, 2008

Typed or printed name Susan W. Graf, Ph.D.

Registration No. 60,432

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